

Born in Cleveland ☐ YES ☒ NO

PLEASE
LETTER
PLAINLY
OR TYPE

Collaborator if any

Artist

Mrs. WARD

SIGLER

FIRST NAME

LAST NAME

Address

2895 Silver Lake Blvd

NO

STREET

CITY

ZONE

FIRST NAME
Cuyahoga Falls Summit
ZONE COUNTY

COUNTY

Tel

ST NAME
Wa8-7094

Out-of-town residents should state whether return shipment is required. ☐ YES ☒ NO

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

[illegible]

SUBMIT ENTRY BLANK NO LATER THAN MARCH 11, 1963.

Use second blank if required

IMPORTANT

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Mrs Ward Sigler
SIGNATURE

SIGNATURE _____

REC'D MAR 08 1963